

L04000028221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

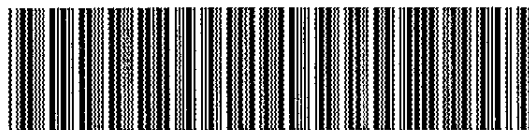
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400031496774

04/01/04--01018--009 **160.00

FILED
2004 APR -1 PM 2:22
TALLAHASSEE, FLORIDA

J. BRYAN APR 13 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Minority Connections, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS LANG
(Name of Person)

Minority Connections, LLC.
(Firm/Company)

6251 34th St. N. #201
(Address)

Pinellas Park, FL 33781
(City/State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS LANG
(Name of Person)

at (727) 224-9094
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 APR -1 PM 2:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 APR -1 PM 2:22
JULIACA INCORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Minority Connections, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6251 34th St. N.
Suite #201
Pinellas Park, FL 33781

Mailing Address:

6251 34th St. N.
Suite #201
Pinellas Park, FL 33781

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Vincent Lawrence
Name

1714 Lakewood Dr. South
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FLORIDA 33712
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Vincent Lawrence
Registered Agent's Signature

FILED
2004 APR -1 PM 2:22
JULIEN CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DOUGLAS LANG
10129 PARLEY DR.
TAMPA, FL 33626

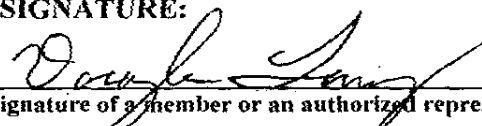
MGR

VINCENT LAWRENCE
1714 LAKEWOOD DRIVE SOUTH
ST. PETERSBURG, FL 33712

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DOUGLAS LANG
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)